

PATENT  
Appl. No. 09/836,630  
Attorney Docket No. 450117-03190



tw 2663  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

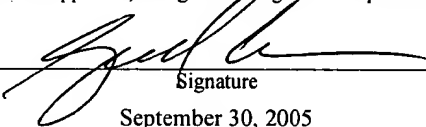
Applicant : IZUMI, Seiichi  
Appl. No. : 09/836,630  
Filed : April 17, 2001  
For : OFDM DIVERSITY TRANSMISSION  
Art Unit : 2663  
Confirmation No. : 7212  
Examiner : HYUN, Soon D.

745 Fifth Avenue  
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

  
Signature

September 30, 2005

Date of Signature

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
Alexandria, VA 22313-1450

In response to the Office Action of August 23, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2.

**Remarks/Arguments** begin on page 10.

10/04/2005 FMETEKI1 00000050 09836630

01 FC:1201 1200.00 OP  
02 FC:1202 150.00 OP



PATENT  
450117-03190

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Seiichi IZUMI  
Serial No. : 09/836,630  
For : OFDM DIVERSITY TRANSMISSION  
Filed : April 17, 2001  
Examiner : HYUN, Soon D.  
Art Unit : 2663

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
Alexandria, VA 22313-1450  
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

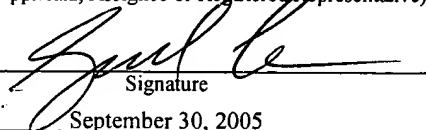
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	23	Minus	20 =	3 ×	\$50(25)	= \$150.00
Independent claims	9	Minus	3 =	6 ×	\$200(100)	= \$1,200.00
				Total additional fee for this amendment		= \$1,350.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

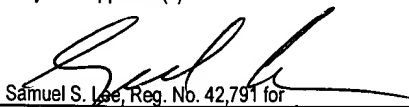
- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a - month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$ 1,350.00 is attached, which covers the cost of  
☒ additional claims and ☐ - month petition for extension of time.
- ☐ Charge \$ \_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791  
(Name of Applicant, Assignee or Registered Representative)

  
Signature  
September 30, 2005  
Date of Signature

FROMMER LAWRENCE & HAUG, LLP  
Attorneys for Applicant(s)

  
Samuel S. Lee, Reg. No. 42,791 for  
By: William S. Frommer  
Reg. No. 25,506  
Tel. (212) 588-0800